

AGING AND DISABILITY SERVICES ADMINISTRATION (ADSA)
RESIDENTIAL CARE SERVICES (RCS)
REQUEST FOR AN ADMINISTRATIVE HEARING

OFFICE OF ADMINISTRATIVE HEARINGS
PO BOX 42488
OLYMPIA WA 98504-2488

I request a hearing to contest the nursing facility's decision to transfer/discharge me.

I was notified of the nursing facility's decision on _____ .
DATE

RESIDENT NAME	TELEPHONE NUMBER
NURSING FACILITY NAME	
NURSING FACILITY ADDRESS	
CITY	STATE ZIP CODE
Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what language? _____	
Do you need special accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, describe:	
RESIDENT SIGNATURE	DATE
DO NOT COMPLETE THE FOLLOWING INFORMATION IF THE NURSING FACILITY RESIDENT IS REPRESENTING SELF.	
RESIDENT REPRESENTATIVE NAME	TELEPHONE NUMBER
ADDRESS	
CITY	STATE ZIP CODE
RELATIONSHIP/ORGANIZATION	